

## **BOARDING HOME REQUEST FOR DOCUMENTATION**

BOARDING HOME NAME:		LICENSE NUMBER:
INSPECTION DATE:	LICENSOR NAME:	
Inspection Type:	I ☐ Follow up ☐ Monitoring	Complaint: #
Licensee/Administrator: Please provide the following information/documentation to the licensors:		
At the beginning of the inspection:		
Complete list of residents (Attachment C or facility list of residents).		
At the end of the tour:		
A completed resident characteristic list (Attachment D).		
Complete list of staff with names, position title and hire date (if hired in last year) (Attachment K).		
Disclosure of services provided.		
Location of the resident records, including negotiated service agreements.		
<ul> <li>Location of personnel files, including orientation, CPR, First Aid training, TB testing, background inquiry information, basic or modified training, food handler cards, continuing education and specialty training as required.</li> </ul>		
Request for specific resident and staff records will occur during the inspection.		
Further records and information may be requested by the licensor during the licensing inspection process. Thank you for your assistance.		